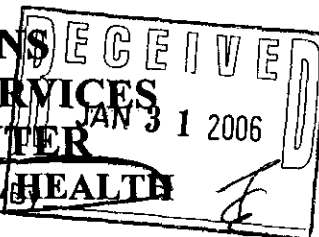


EXHIBIT G

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH



Monty Pepper D West C 12
Name (Print) Housing Location
3 28 59 156920 Jan 26 06
Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)?

I need a little help depressed

[Signature] Jan 26 06
Inmate Signature Date

The below area is for medical use only. Please do not write any further.

S: Seen on 2-1-06 in infirmary bld.
see mental health note 2-1-06.

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A: _____

P: _____

E: _____

Charles B. Bates M.D. 2-1-06
Provider Signature & Title Date & Time

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Monty Pepper

Name (Print)

D West C 12

Housing Location

3 28 69

Date of Birth

156920

SBI Number

Jan 26 06

Date Submitted

Complaint (What type of problem are you having)?

My back has a lump on my spine
and something wrong with my throat
I put in grievances and sick call no one
is doing anything

[Signature]
 Inmate Signature

Jan 26 06
 Date

The below area is for medical use only. Please do not write any further.

Scheduled

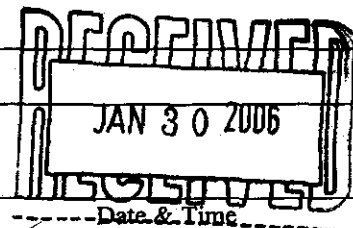
O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

 Provider Signature & Title



3/1/99 DE01

FORM#:

MED

263

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER
 This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Monty Pepper V 8 A
 Name (Print) Housing Location
3 28 59 00156920 NOV 8 05
 Date of Birth SBI Number Date Submitted

I have ringing in my ears ? Back Pain constant! depression!
 Complaint (What type of problem are you having)? I've Repeatedly asked to
 have a Cough Look at by a Doctor This has gone on
 since last year I have back Pain and a Lump on my
 spine a meaty Lump I need to find out what it is by
 a Doctor not a nurse if it's cancer I need to know now!!
[Signature] NOV 8 05
 Inmate Signature Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

11-9-05 To be seen. Referred to MHA also 10/26/05

A:

P:

E:

Provider Signature & Title

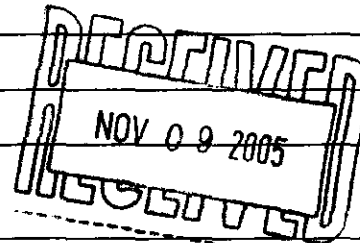
Date & Time

3/1/99 DE01

FORM#:

MED

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**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL ~~DENTAL~~ ~~MENTAL HEALTH~~

Monty Pepper

Name (Print)

3/28/59

Date of Birth

00158920

SBI Number

V A 8

Housing Location

OCT 30 05

Date Submitted

Complaint (What type of problem are you having)?

Repeatedly request to look
at my Throught a constant cash (others have it too) my Back
has a Lump on my spine I have severe back Pain all
The Time, something is wrong I want to know if its cancer?
my uran is dirty color I want a doctor not a nurse

[Signature]

Inmate Signature

OCT 30 05

Date

The below area is for medical use only. Please do not write any further.

S:

O:

Temp: _____

Pulse: _____

Resp: _____

B/P: _____

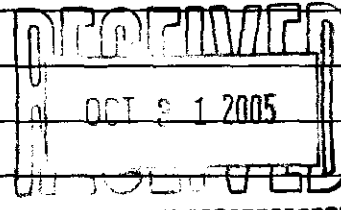
WT: _____

A:

P:

Referred to a medical provider 11/2/05

E:



Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED

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**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Monty Pepper Shu 18 B L8
Name (Print) Housing Location
3/28/59 00156920 OCT 4 04
Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)? Thinking Too much
I need To increase my dose of
Paxial or have a second dose
I'm Thinking Too much I need TO STOP

[Signature] OCT 4 04
Inmate Signature Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A: 1/11 Seen by Dr. Roman 10/7/04

P:

E:

[Signature] 10/8/04
Provider Signature & Title Date & Time

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH ?

Monty Pepper

Name (Print)

✓

Housing Location

3-25-59

Date of Birth

00156920

SBI Number

9-29-05

Date Submitted

Complaint (What type of problem are you having)? I'm still having problems I don't know what's going to happen

The meds you gave me are too strong don't know what they are

supasta-do I have a ringing in my ears constant
They aren't taking care of my back pain I've had rectum bleeding
when I was in 18 don't know why haven't noticed it lately? is it

[Signature]

Inmate Signature

9-29-05

Date

The meds

The below area is for medical use only. Please do not write any further.

S:

O:

Temp: _____

Pulse: _____

Resp: _____

B/P: _____

WT: _____

A:

To per Medical

P:

E:

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

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DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER
This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Monty Pepper

Name (Print)

3 28 59

Date of Birth

00166920

SBI Number

Housing Location

9 27 05

Date Submitted

Complaint (What type of problem are you having)?

I asked befor To have a Cough
Checkout I had it sinc Xmas 04 SHU Theres a Lump on my
Back Also need To check and Back pain Also The medican
mental health gave me is Too Stronge it put me To Sleep!
Need Some Things Elce 1 Pleas dont secud me on wendsdays

[Signature]

Inmate Signature

9 22 05

Date

Law
Library

The below area is for medical use only. Please do not write any further.

S: Scheduled [Signature]

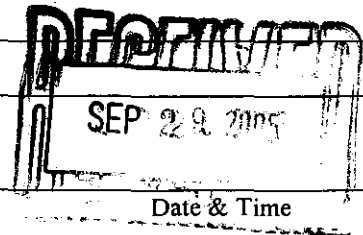
O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A: _____

P: _____

E: _____

Provider Signature & Title



3/1/99 DE01

FORM#:

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DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER
This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

monty Pepper V
Name (Print) Housing Location
3/28/59 00158920 SEP 1 05
Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)? sorry I had a visit
They scheduled me that afternoon no one seen
me 1st my Back hurts spasms hearing Problem
2 The med's that mental health I cannot take
The Roplen?

[Signature]
Inmate Signature Date

The below area is for medical use only. Please do not write any further.

S:

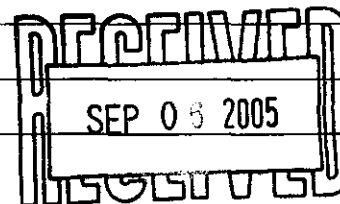
O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A: to per Medical

P: Already takes Motrin without relief. Put in for med/and,

E:

[Signature]
Provider Signature & Title



Date & Time

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Monty Pepper ✓
Name (Print) Housing Location
3 28 59 00156920 AUG 2005
Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)? a cough and
Back Pain The cough is prestant
will not stop continous Back Pain
This all started in The Skull

[Signature] AUG 2005
Inmate Signature Date

The below area is for medical use only. Please do not write any further.

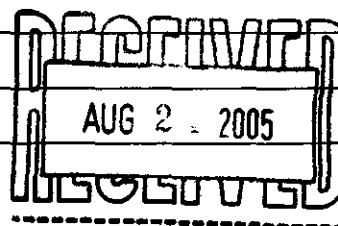
S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A: to see medical

P:

E:



Provider Signature & Title

Date & Time

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Monty Pepper

18 B L 8 m5Elam

Name (Print)

Housing Location

32859

08156920

July 12 05

Date of Birth

SBI Number

Date Submitted

need to see you ASAP
Complaint (What type of problem are you having)? To day nute refused
To Leave Tray at Lunch I NEED Help
Now I fear from Thomas and Nute don't
know what they will do no one is stopping this
my back hurts and don't know what to do

[Signature]

July 12 05

Inmate Signature

Date

The below area is for medical use only. Please do not write any further.

S: Inmate seen on 7/8/05 by mental
health clinician.

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

oxt, affect w/ L, continues to complain about
certain officers w/ he claims are out to get
A: him and make his life miserable. He is
now focusing on Sgt. Thomas and officer Dardels.
He continues to also complain about a bad
P: back, he had seen medical last week
but insists they are not doing anything about it.
He feels he needs more medication to help
with the pain. Denies S/HI.

E:

[Signature]

Provider Signature & Title

7/13/05 11:00 AM

Date & Time

3/1/99 DE01

FORM#:

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Mental Health Clinician

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER
 This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Monty Pepper 18 B L 8
 Name (Print) Housing Location
3 28 59 00156920 July 4 05
 Date of Birth SBI Number Date Submitted

I need To See mental health's ASAP

Complaint (What type of problem are you having?) my Back Pain

LT Johnson & Ballance forced me To Take a 2nd
Shower in Retalation This is From standing in Shower
for 2 hours my Towl was wet They went To get another
The Retalation is affecting me mentally as well as my Back

[Signature]
 Inmate Signature

July 4 05
 Date

The below area is for medical use only. Please do not write any further.

S: "I have a bad back" Officers are making
 me stand up in Shower too long"
 Officers screaming on Tier that I am Child Molester."

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

OK, cooperative, soft spoken, have consistent
complaints against officers on 1st shift in
A: building #18. No evidence of suicidal ideations,
attempts or plans, no evidence of homicidal
ideations, attempts or set plans.

P: Appears to have many complaints against
staff, refuse to see medical for back
problems, refuse to spend \$4.00 for
sick call slip

E: Will accept m.h. when needed.

[Signature]
 Provider Signature & Title

7/8/05
 Date & Time

3/1/99 DE01

FORM#:

MED
 263

Received 7/6/05 09:00 AM
EC.

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Alvin Phillips

Name (Print)

9-7-65

Date of Birth

#174171

SBI Number

Max #17 B upper 5

Housing Location

6-18-05

Date Submitted

Complaint (What type of problem are you having)? I've Just come From Gander hill Prison on 6-14-05 and I haven't received my Med's Yet so can someone From mental health Please come in see me. thank You.

Alvin Phillips

Inmate Signature

6-18-05

Date

The below area is for medical use only. Please do not write any further.

S: ILM was seen for a sick call visit in the SHU. "I've been on Seroquel and would like to be put back on". ILM reported being on the transition unit @ Gt.

Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

Unable to locate chart @ time of visit.

O: ILM was alert and oriented. No evidence of mood disturbance, D/V hal. or SLE. ILM could not articulate why he needed 7 meds.

A: Possibly drug seeking, Dx deferred @ this time.

P: ① Locate ILM chart and review past 7 notes and Hx of medication.

② Refer to 7 for eval if Hx reported accurately.

③ continue to monitor during rounds.

E:

Dennis Miller MDC

Provider Signature & Title

6/24/05

Date & Time

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Monty Pepper
Name (Print)

18 B L8
Housing Location

328 59
Date of Birth

00456920
SBI Number

June 13 05
Date Submitted

Complaint (What type of problem are you having)?

Help ^{ASAP} ASAP
SOONAS POSS

I have 3 Teeth 1 broken 1 is braking
Hurt's off and on becoming absset
Please Tell co To Tell me Dental!

[Signature]
Inmate Signature

Jun 13 05
Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

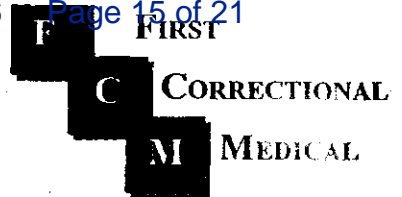
A:

P:

E:

[Signature]
Provider Signature & Title

7/5/05
Date & Time



Refusal of Procedure and/or Treatment

INMATE NAME: Monty Pepper INMATE NUMBER 156920
 FACILITY: DCE DATE: 4/14/05 TIME: _____

1. I, _____, refuse to keep/have the appointment, treatment, and or procedure recommended to me by the medical Staff. (check)

_____ Physician/ provider appointment	_____ Operation: (Name) _____
_____ Chronic Care Clinic appointment	_____ Special procedure: (Name) _____
_____ Nurse Sick Call appointment	_____ Medication: (Name) _____
<u>2</u> _____ Dental appointment <u>SC</u>	_____ Medication: (Name) _____
_____ Mental Health appointment	_____ Vaccination : (Name) _____
_____ Outside consult appointment	_____ X-ray (Name) _____
_____ Medical observation admission	_____ Lab test: (Name) _____
_____ Procedure: (Name) _____	_____ Treatment: (Name): _____
	_____ Other: (Name) _____

2. I acknowledge that I have been informed of the risks and possible consequences which include, but are not limited to the following and which may be up to and include death:

3. I release the provider, the medical department, the facility and their employees from all responsibility for adverse or otherwise effects, which may result from my informed decision.

Refusal to sign 156920 4/14/05
 Inmate Name Number Date Time

C/O Mike Allen 4/14/05
 Witness Date Time

 Witness Date Time

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Monty Pepper 18 B L8
Name (Print) Housing Location
3/28/59 00156920 3 24 05
Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)? "emergency"
have a broken ToOTH That is becoming
absent need some pain killer
motron or something now please
IT needs to be pulled
3 24 05
Inmate Signature Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

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263

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER
 This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Monty Pepper 18 B L 8
 Name (Print) Housing Location
3 28 59 00156920 2 16 05
 Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)? Stress need to see M/H depressed
I need motron for bones ake
autritious "dont need an appointment!"
my eyes have been burning? dont know why

[Signature] 2 16 05
 Inmate Signature Date

The below area is for medical use only. Please do not write any further.

S: "I am sleeping, I can't get up as of now, want my sleep."

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____
Attempted to see I/M regarding this >c of the
3rd time. He stated he was asleep and tired
A: And refused to respond to questions. He was
told that someone from M.H. would
make another attempt later in day or
P: in A.M. 2/24/05.

He later today on 2/24/05 in P.M.

E:

[Signature] 2/23/05 09:00
 Provider Signature & Title Date & Time

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER
 This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Monty Pepper 18 B 28
 Name (Print) Housing Location
32959 00156920 Dec 21 04
 Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)?

chest Pains cough
gas verry bad 50 Farts a day
Pain

Inmate Signature

Date

The below area is for medical use only. Please do not write any further.

S: C/O gas; ✓ see chest pain ✓ @
front tooth pain latif ↑ sugar
c/o general achiness

O: Temp: 97 Pulse: 82 Resp: 18 B/P: 140/82 WT:
ABD ⊖ NT ND ⊕ BS HRR S, S2 USS

A: Gas 2° sugar
Pain 2° "arthrits"

P: Motrin
↓ CHF

E:

B. H. Bunker
 Provider Signature & Title

12/29/04
 Date & Time

198
Pun

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL ~~DENTAL~~ ~~MENTAL HEALTH~~

Moody Pepper

Name (Print)

18 B 28

Housing Location

3/28/59

Date of Birth

00156920

SBI Number

Dec 19 04

Date Submitted

Complaint (What type of problem are you having)? Sir I need to
speak to you again as soon as possible about
my condition and medication and Aspran
for pain Please very important please

[Signature]

Inmate Signature

12 19 04

Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

RECEIVED DEC 20 2004

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED

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Refusal of Procedure and/or Treatment

Blg 18

INMATE NAME: Pepper Monty INMATE NUMBER 00156920
 FACILITY: DCC DATE: 9/8/04 TIME: 11:45

1. ☒ I, _____, refuse to keep/have the appointment, treatment, and or procedure recommended to me by the medical Staff. (check)

<p>____ Physician/ provider appointment</p> <p>____ Chronic Care Clinic appointment</p> <p>____ Nurse Sick Call appointment</p> <p><input checked="" type="checkbox"/> Dental appointment <u>IOE</u></p> <p>____ Mental Health appointment</p> <p>____ Outside consult appointment</p> <p>____ Medical observation admission</p> <p>____ Procedure: (Name) _____</p>	<p>____ Operation: (Name) _____</p> <p>____ Special procedure: (Name) _____</p> <p>____ Medication: (Name) _____</p> <p>____ Medication: (Name) _____</p> <p>____ Vaccination : (Name) _____</p> <p>____ X-ray (Name) _____</p> <p>____ Lab test: (Name) _____</p> <p>____ Treatment: (Name): _____</p> <p>____ Other: (Name) _____</p>
--	---

2. I acknowledge that I have been informed of the risks and possible consequences which include, but are not limited to the following and which may be up to and include death:
- _____
- _____
- _____

3. I release the provider, the medical department, the facility and their employees from all responsibility for adverse or otherwise effects, which may result from my informed decision.

K M [Signature] X 00156920 X 9-8-04 X 1145
 Inmate Name Number Date Time

Danielle V Walls 9/8/04 11:45
 Witness Date Time

 Witness Date Time

16894
DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER
This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Monty Pepper Pre Trial
Name (Print) Housing Location
3 28 59 00156920 AUG 29 04
Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having?) Constipation
CANT go Coloids are not working
need some thing stronger The
Small yellow ones worked last time

[Signature] AUG 29 04
Inmate Signature Date

The below area is for medical use only. Please do not write any further.

S:

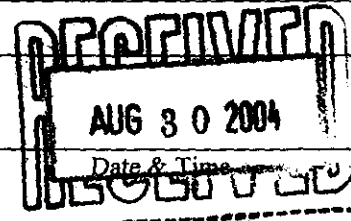
O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A: Scheduled to see Medical

P:

E:

Provider Signature & Title



3/1/99 DE01

FORM#:

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